20 FEB 1990

1989

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.: 891212CBB1095

2. INVESTIGATOR'S ID: 8807

3. OFFICE CODE: 800

4. DATE OF ACCIDENT: YR 89 MO 05 DAY 09

5. DATE INVESTIGATION INITIATED: YR 89 MO 12 DAY 15

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: On morning of 5/9/89 a six-month old female died from asphyxia due to strangulation after she apparently placed her head through a loop formed by tied fabric attachment strings of a bumper pad in a full-size crib in which she was placed for a nap. Apparently, victim could not extricate her head from the loop and the string tightened around her neck. Accident occurred at home of victim's grandmother, who had been baby-sitting victim & her twin sister for more than four months before the accident.

7. LOCATION (Home, school, etc.): Home 10

8. CITY: Port Charlotte

9. STATE: Florida FL

10A. FIRST PRODUCT: Bumper Pad, Crib 1542

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS: [redacted]

10B. SECOND PRODUCT: ---

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS: ---

12. AGE OF VICTIM: 206

13. SEX (Use numerical code): MALE - 1, FEMALE - 2, UNKNOWN - 3: 2

14. DISPOSITION: Fatality 8

15. INJURY DIAGNOSIS: Asphyxia 65

16. BODY PART: All Parts of Body 85

17. RESPONDENT(S) (Mother, Friend): Attorney of Victim's Parents, Sheriff's Deputy 3

18. TYPE INVESTIGATION: ON SITE 1, TELEPHONE 2, OTHER 3: 3

19. TIME SPENT: 110

20. ATTACHMENTS: Multi 9

21. CASE SOURCE: Product Manufacturer 13

22. REVIEWED BY: 8165 YR 90 MO 01 DAY 30

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY): Signed Form Not Obtained

CPSC MAY DISCLOSE MY NAME: [ ]

CPSC MAY NOT DISCLOSE MY NAME: [x]

24. NARRATIVE (See Instructions on Other Side)

Note: Bumper Pad involved in this incident was not collected as a sample. Attorney for parents of victim did not want to release it to CPSC. Information from grandmother was obtained from transcribed "Statement" taken by her insurance carrier (See Exhibit 2.)

PRE-INCIDENT: The 6-month old female victim of this accident and her twin sister had been cared for and stayed with their maternal grandmother at her house during the day from Monday through Friday for over four (4) months before this accident occurred. The twins were born on 10/17/88 and their grandmother began babysitting them on/about January 1, 1989. Their mother would leave the twins at their grandmother's house at approximately 8:30am on Monday, Tuesday & Thursday and at approximately 7:30am on Wednesday and Friday. She picked them up each day at approximately 6:00pm.

Information obtained indicated that the children were brought home from the hospital five days after their birth. Both were in apparent good health and were developing normally before this accident occurred.

At the grandmother's house a five year old full size baby crib, which had been used by the twins' five year old sister, was assembled and placed in her bedroom for one of the twins to use and a playpen was assembled and placed in the family room for the other twin to use. Shortly after the grandmother began babysitting the twins, she purchased the bumper pad involved in this incident at a nearby national chain Florida

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

25. REGIONAL OFFICE DIRECTOR REVIEW: RDS DATE 2-1-90

PRE-INCIDENT (continued):
department store and began using it in the full size baby crib. (See Exhibit 4, Photos.) (See Exhibit 3, Display Label Panel included in packaging of the same style & brand bumper pad as that purchased by grandmother.) The full size crib bumper pad measured approximately 8½" wide X 153½"long X 1"thick and was padded and covered with fabric with a white background and white & pink dots on pad's "outside" surface and white & pink dots, blue line with white hearts, alphabet letters and [redacted] characters on pad's "interior" surface. Fabric attachment tie strings measuring approximately 3/8"wide were attached to the top edge of the bumper pad. Each end of the bumper pad had a single attachment tie string, one measured approximately 10½" long and the other measured approximately 11" long, and were for use to attach the ends of the bumper pad at an inside corner of the crib. Additionally, there were five sets of two attachment tie strings for use in attaching the bumper pad at the three other inside corners of the crib and at the mid-points of the two sides of the crib. Length of these tie strings measured from approximately 9¼"long to 11¼"long.

The grandmother installed the bumper pad in the baby crib, after placing sheets on the crib mattress, by tying the attachment tie strings described above in bow-tie knots to vertical slats and/or vertical metal slide tracks (for moving crib side rail up & down) of the sides of the crib. The grandmother did not cut or shorten the length of the tie strings after tying the bow-tie knots. Whenever she changed the sheets of the crib, the grandmother untied the bow-tie knots and removed the bumper pad. After placing clean sheets on the crib mattress, the grandmother put the bumper pad back inside the crib and attached the tie strings with bow-tie knots, as described above. Information obtained indicated that the grandmother changed the sheets of the crib, removing and replacing the bumper pad inside the crib, the day before this accident occurred. Also, information indicated that the grandmother had not noticed either of the twins pulling at the tie strings or other types of strings before this accident.

On the morning of the accident, Tuesday-5/9/89, the twins' mother dropped them at their grandmother's house at approximately 8:30am. The grandmother brought them to the kitchen where she let them play with toys and crawl on the floor. They were beginning to recognize each other and had just recently begun to crawl. The grandmother indicated that the twins were not on the same schedule and after 9:00am she fed the victim, rocked her to sleep and placed her in the crib in her bedroom at approximately 9:30am. The bumper pad was in place, tied in bow-tie knots to the sides of the crib. The ends of the bumper pad met in a corner of the crib and the string attached to each end was tied to the other in a bow-tie knot to the vertical metal slide track for the side rail located at a corner of the crib. At approximately 10:30am the twin sister of the victim began to get sleepy and the grandmother fed her, rocked her to sleep and then placed her in the playpen in the family/Florida room. Normally, both of the twins would sleep or nap for approximately an hour or 1½ hours during the morning after their arrival at their grandmother's house.

INCIDENT: At approximately 11:00am the grandmother noticed that the victim seemed to be sleeping longer than usual and she began walking in and out of her bedroom to check on the victim. The grandmother noticed that the victim was lying on her side with back to grandmother's view. The grandmother had an appointment and decided she would wake up the victim and dress her before doing the same for her sister. To wake up the victim the grandmother reached into the crib and as she rolled her over her arm dropped indicating to the grandmother that something was wrong. The grandmother attempted to pick up the victim, but she could not. She looked more closely and noticed that one of the bumper tie strings was around the victim's neck. The grandmother stated that she became hysterical during this period of time, but extricated the victim from the tie string

INCIDENT (continued):
around her neck and telephoned 911 for emergency assistance. The dispatcher told her that emergency assistance was on its way and also instructed her on procedures to follow until it arrived. The grandmother brought the victim from the crib to the living room sofa and attempted to administer CPR. Emergency assistance arrived and began emergency treatment, later transported victim to local hospital for continued emergency treatment. However, the victim did not regain consciousness and was later pronounced dead. The victim's autopsy report indicated the death was accidental due to asphyxia caused by "compresson of the neck by cord".

The grandmother indicated in her statement to an insurance carrier that she was in and out of her bedroom and in the next room (family/Florida room) while the victim napped on the date of this accident. She did not hear any noise from the bedroom to indicate that anything might be wrong with the victim. The victim's position in the crib on her side with her back to the grandmother's view indicated to her that the victim was still sleeping.

POST INCIDENT: While the emergency medical personnel treated the victim in the living room, sheriff's officials arrived and began to investigate the scene and accident. The scenario was described to the sheriff's officers by the grandmother, as summarized above. The Deputy Sheriff who examined the bumper pad in the crib after the accident indicated that the tie strings involved were those attached to each of the two ends of the bumper pad which had been tied in a bow-tie knot to the metal vertical slide track close to one of the corners of the crib. The two end strings were still tied in a knot to the metal vertical track when he examined the crib and bumper pad. After his investigation he stated that he thought either the bow-tie knot had become loose since it was tied and the bumper pad was not tight against the side of the crib or the victim may have pulled on the string of the bow-tie knot causing a gap or loop in the tie strings to form which was large enough for the victim to somehow get her head through. Further, the Deputy surmised that once the victim placed her head through the loop of the tie strings she was unable to extricate her head by herself and the strings tightened around her neck. The Deputy stated that if the strings had been cut off or shortened after the bumper pad was first placed in the crib, then the accident would have been prevented from happening. Two end strings measured 10½" & 11" long.

During this investigation the attorney for the victim's parents was visited. The accident was discussed and pictures of the bumper pad in his possession were taken. He also furnished a copy of the "Statement" of the grandmother given to her insurance carrier after the accident and a copy of a Display Label Panel (Exhibit 3) included in the packaging of another bumper pad of the same style and brand. He noted that the display label panel did not include caution or warning for users to cut off the strings after installing the bumper pad, particularly if the child is beginning to crawl and pull up in the crib.

PRODUCT IDENTIFICATION: The product involved in this accident was a [redacted] Bumper Pad [redacted] for use in a full size baby crib. The bumper pad was manufactured by [redacted] at its [redacted] facility. The bumper pad was purchased on/about January 1989 at [redacted] Department Store, Port Charlotte, FL. The bumper pad measured approximately 8½" wide X 153½" long X 1" thick. It was padded and covered with a fabric with a white background and with white & pink dots on pad's "outside" surface and white & pink dots, blue line with white hearts, alphabet letters and [redacted] characters on pad's "interior" surface. The bumper pad had white fabric attachment tie strings approximately 3/8" wide attached to the top edge of the bumper pad to attached it to the sides of the baby crib. Each end had

PRODUCT IDENTIFICATION (continued):
a single attachment tie string, one measured approximately 10½"long and the other measured approximately 11"long and they were used to attach the ends to an inside corner of the crib. The other attachment tie strings included five sets of two, measuring from 9¼" to 11¼" long, which were used to attached the bumper pad at the three other inside corners of the crib and at mid-points of the two sides of the crib.

ATTACHMENTS:
Exhibit 1: Autopsy Report
Exhibit 2: Copy of Transcribed Statement by Victim's Grandmother taken by her Insurance Carrier
Exhibit 3: Copy of Product Display Label Panel from packaging of another Bumper Pad of same Style and Brand
Exhibit 4: Photographs

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Exhibit 1
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OFFICE OF THE DISTRICT MEDICAL EXAMINER
District 22, State of Florida
Charlotte County
P.O. Box 2365
21216 Olean Blvd., Suite #3
Port Charlotte, Florida 33952
(813) 625-1111

District Medical Examiner
Riazul H. Imam, M.D., Ph.D.

Associate Medical Examiners
Peter H. K. Tan, M.D.
Behjat Kouchakzadeh, M.D.

Toxicologist
Miftah Kemal, M.S.

Administrative Assistant
Carol King

[redacted]

M.E.# [redacted]

[redacted]

AUTOPSY

This autopsy was performed by A. A. Khan, M.D., on 5/9/89, at 4:00 P.M. in Fawcett Memorial Hospital Morgue, Port Charlotte, Florida.

EXTERNAL EXAMINATION

CLOTHING:
The infants clothing consists of the following:

1. A hospital type of infant gown.
2. Diaper with two pellets of almost black fecal material - (Guiac negative.)

The body is that of a tiny infant, consistent with the stated age of 6 months. It has the following measurements:

Height (Crown to Heel) - 27"
(Crown to rump) - 16½"
Circumference (Head) - 16½"
(Chest) - 16"
(Abdomen) - 15½"
Estimated weight - 14 lbs

Rigor mortis is generalized and dorsal lividity is minimal. The conspicuous finding consists of cyanotic congestion of the head and neck abruptly stopping at a ligature mark that circumscribes 3/4 of the neck circumference and is located generally in the lower neck anteriorly. The posterior component of the ligature is slightly at a higher plane and the interruption of the ligature is between the nape of the neck and the region overlying the left sterno mastoid muscle. The ligature has a somewhat wavy course with a total length of 8½" and width of 3/8". No abrasion of the skin is noted along the ligature mark and there is no impression of a knot along the ligature. Above the ligature line, numerous petechia are noted involving the entire scalp, face and neck area although they appear to be slightly more prominent on the right side. A small contusion approximately 2 mm in diameter is noted on the forehead, slightly to the right of the midline. Another small contusion ¼" in diameter is noted on the prominence of the right parietal area.

The only other evidence of trauma, other than already described, is noted just above the right posterior iliac crest and consists of a left diagonal superficial abrasion 3/8" long.

The evidence of hospitalization (terminal) is in the form of a hospital gown, defibrillator paddle marks over the pericardium and intravenous lines in place over the left ankle.

The scalp shows only downy type of hair and the face is bilaterally symmetrical with blue irides with round, equal and dilated pupils, each approximately 3mm in diameter. The palpabral conjunctivae show congestion and a few petechia. No ecchymosis however are recognized. The nasal and ear cavities are unremarkable while the oral cavity reveals an endotracheal tube in place. The lips show marked cyanotic discoloration as does the tip of the tongue. The neck is bilaterally symmetrical and reveals no abnormal mobility, masses or bony crepitus. The chest is bilaterally symmetrical and fails to reveal any abnormality. The abdomen is flat and exhibits no scars or other abnormality. The genitalia is that of a normal female infant. The upper and lower extremities are unremarkable as is the back.

INTERNAL EXAMINATION

A customary "Y" shaped incision is employed for examination of the thoracic and abdominal contents. The pleural, pericardial and pertioneal cavities fail to reveal any excessive fluid or adhesions. The vertebral column, thoracic cage, pelvis and bones of the extremities are intact and unremarkable. No foreign aroma is noted from the body tissues. The blood is mostly fluid within the vascular channels. Various thoracic and abdominal viscera are located in their normal anatomic location.

CARDIOVASCULAR SYSTEM

The heart lies in its normal anatomic location and is initially examined in situ. There is conspicuous distention of the right atrium as well as the right ventricle and the superior vena cava. The major vessels pursue a normal course. No congenital abnormalities are found. The heart weighs 75 gms and reveals a smooth, shiny epicardial surface devoid of excessive fat. No petechia (Tardieu's spots) are noted. Various chambers and valves of the heart are grossly normal. The coronaries arise from normal ostia and show smooth intima. The myocardium is dark brown, firm and grossly normal.

The aorta is followed up to its major bifurcation and reveals a normal course and normal branches. No coarctation or patent ductus is evident.

LUNG

The right and left lung weighs 75 and 50 gms respectively and are fairly well expanded. The tracheobronchial tree fails to reveal any evidence of aspirated matter. No pulmonary congestion is found although there is moderate pulmonary edema with considerable frothing of the sectioned surfaces. No petechia are noted on the serosal aspect of the lungs. Areas of consolidation or tumor are not found.

LIVER

The liver is normally located, weighs 175 gms and reveals smooth, dark brown, diaphragmatic surfaces and sharp borders. The undersurface reveals a small gall bladder containing a hint of bile. The biliary passages are unremarkable. Sectioning of the hepatic parenchyma reveals moderate congestion. No fatty changes are noted.

[redacted]
M.E.[redacted]

SPLEEN

The spleen is normally located and weighs 75 gms and is covered by a dusky, somewhat wrinkled, cyanotic capsule. On sectioning, the parenchyma fails to reveal any pre-existing disease entity in the form of infarct, granulomata or cysts. No infarcts are seen.

KIDNEY

Each kidney maintains its uniform shape and weighs 25 gms. The capsules are delicate, strip easily and reveal conspicuously lobulated dark brown, congested surfaces, devoid of any retention cysts or scars. The cortex is of normal thickness and the cortical medullary junction is well defined. The calyces, pelvis, ureter and bladder are grossly normal.

Both adrenals are dissected and appear conspicuously large as is usual for infants of this age. The cortex is of normal thickness and the medulla is fairly well preserved. No adenomas are found.

The pelvic cavity is examined and reveals normal internal structures, such as uterus, tubes and ovaries.

GASTROINTESTINAL TRACT

The esophagus is intact and unremarkable while the stomach is partially distended with air and contains a small amount of curdled milky material. No medicinal substances are visualized. No foreign aroma is evident. The mucosal folds show no evidence of congestion or erosion. The rest of the intestinal tract failed to reveal any acquired or congenital abnormality. Pelletized fecal material is noticed in the sigmoid colon and rectum.

The pancreas is examined and is normally located. It is quite firm in consistency and fails to reveal any evidence of tumor. Areas of necrosis, hemorrhage or cysts are not found.

LYMPHATIC SYSTEM

The thymus is quite large, occupies its normal infantile location and weighs 75 gms. No petechia are noted on it. No lymphadenopathy is found within the thoracic or abdominal cavity. Similarly, retroperitoneal lymph nodes do not appear prominent.

NECK STRUCTURES

The neck is dissected in detail and fails to reveal any evidence of injury to the hyoid, cricoid or thyroid bone and cartilages. Some congestion of the mucosa of the pharyngeal walls is evident along with a few petechia. The thyroid is normal and fails to reveal any adenomas. No lymphadenopathy is noted in the region of the neck.

[redacted]

HEAD

A classic Tiara incision is used for examination of the head, followed by a conventional examination of the cranial contents. A conspicuous finding consists of a rather abundant petechia noted on the anterior scalp after eversion on the Galeal aspect. The calvarium and base of the skull is intact and unremarkable. The interior fails to reveal any evidence of epi or subdural hemorrhage. The brain weighs 725gms and reveals normal gyral and sulcal pattern with a rather conspicuous congestion of the left meningeal blood vessels. The base of the brain reveals normal configuration of the Circle of Willis with no atheromatous change or Berry aneurysm. No herniation of the cerebellar tonsils is evident. Numerous coronal sections through the cerebral hemispheres and cerebellum fail to reveal any congenital or acquired abnormalities.

TOXICOLOGY

SAMPLE OF BLOOD IS SAVED INCASE A TOXICOLOGICAL EXAMINATION IS NECESSARY.

[redacted]

MICROSCOPIC EXAMINATION

Examination of tissues taken at the post mortem examination is performed and shows the following salient findings:

CARDIOVASCUAR SYSTEM
Normal histology of the newborn is well preserved without any pre-existing or recent pathological change.

PULMONARY SYSTEM
The lungs show essentially normal histology of an infant lungs with only mild congestion. No inflammatory changes are evident.

HEPATOBILIARY SYSTEM
The hepatic parenchyma is essentially well preserved and failed to reveal any changes other than mild congestion.

GENITOURINARY SYSTEM
Sections of both kidneys as well as adrenals are examined, the former showing considerable congestion. No pre-existing disease entity is recognized.

SPLEEN
Sections of the spleen show essentially normal histology.

THYMUS
The thymus shows essentially normal histologic detail.

GASTROINTESTINAL TRACT
Sections of the stomach reveal a preserved mucosa without any evidence of erosion or ulceration. No pre-existing disease entity is recognized.

CENTRAL NERVOUS SYSTEM
Sections from the cerebrum and cerebellum reveal only acute congestion.

[redacted]
M.E.# [redacted]
[redacted]

OPINION

[redacted] one of a twin, 6 momth old, female infant died due to asphyxia due to compression of the neck by cord. The manner of death is classified as accidental.

R. H. Imami, M.D, PhD.

A. A. Khan, M.D.

AAK/ck
5/10/89

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EXHIBIT 2
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STATEMENT OF [redacted]

This is [redacted] interviewing [redacted] We are at her home which is located at [redacted] in Port Charlotte, FL. This is Monday, November 13th, 1989 and the time right now is approximately 9:50 A.M. and this is concerning a loss which took place. I have the date of loss as May 9, 1989.

Q.

Would you please state your full name and spell your last name.

A.

[redacted]

Q.

[redacted] is this recording being made with your full knowledge and consent

A.

Yes it is

Q.

And you are aware that this is recorded

A.

Yes I am

Q.

What is your address here at your home

A.

[redacted]

Q.

Can you tell me your age and marital status

A.

I'm a widow and I'm 57 years old 67 yrs old.

Q.

What's your date of birth

A.

March 27, 1922

Q.

Do you know your social security number

A.

No

I know my husband's not my own

Q.

Well, we'll get that from you when we are all done. You can look it up in your wallet. Do you have an occupation.

A.

No, just a housewife

Q.

Had you worked prior to (to when)

A.

Not since '57

Q.

Do you recall offhand the date that this incident took place on.

A.

Yes May 9th, 1989

Q.

What day of the week was it

A.

Tuesday

Q.

Now I know this is hard, but can you tell me the events that led up, you know what took place on that particular day.

A.

I put [redacted] got sleepy early, I rocked her to sleep.

Q.

Now the two children you were watching, who were the two children.

A.

[redacted] and [redacted]

Q.

They ~~were~~ are your grandchildren

A.

Yes

Q.

How old were they

A.

They were six months that particular day, they were six months and 22 days old

Q.

What was their date of birth

A.

[redacted]

Q.

You mean 1988

A.

1988

Q.

These are your daughter's children

A.

That's right

Q.

What's your daughter's name

A.

[redacted]

Q.

[redacted]

A.

Yes

Q.

Did you say these were her first children

A.

No they're not. She has a five year old daughter, [redacted]

Q.

[redacted]

A.

Yes

Q.

You were babysitting for [redacted] and for [redacted]. Was this something you did on a regular basis.

A.

Yes, every day

Q.

Every single day, does your daughter work

A.

Yes, I did it to help her out because the twins were very expensive and the insurance didn't cover everything

Q.

For the daycare you mean

A.

No for the hospital. They were belly (inaudible) and they had jaundice and they had been hospitalized, everything is separate, each individual patient, so I was helping her out trying to get

Q.

So she was working to pay off the medical bills and you were babysitting the children while she worked

A.

Yes, Yes

Q.

So did she not worked before the children

A.

Yes she did

Q.

Had she had the intention of going back to work or was she going to stay at home

A.

Yes

She wanted to stay home, but she couldn't.

Q.

Because of these medical bills

A.

Yes

Q.

Was she hoping that maybe when she got the medical bills paid off that she would be able to quick and stay home with the kids then

A.

Well that I don't know

Q.

How old were the children when you first started watching them

A.

She went back to work the first week in January, right after New Year's.

Q.

Where does she work

A.

She works for a Dr. [redacted]

Q.

What kind of a doctor is that

A.

Endocrinologist

Q.

What's that

A.

(inaudible)

Q.

I was just curious, I never heard of that

A.

All the main body functions, liver, heart, kidneys and so

Q.

So you started watching the children every day in January of 1989. Before that she was home with them.

A.

Yeah

Q.

When the children were born did they have any, you were saying they had some medical problems. What type of medical problems.

A.

What they call jaundice, yellow belly rubin

Q.

And that's what kind

A.

It's a condition where their kidneys can't, they manufacture alot of blood and their kidneys are not developed enough to take care of that. Which is, you put them under like the sun or in this case the doctor wanted them in the hospital under the lights. Just put them under the lights.

Q.

So the kidneys job is to what to clean the blood or

A.

It flushes it, more or less you know, it takes care of the waste products and stuff

Q.

So were they on medical

A.

No, just under the lights

Q.

Under what kind of lights

A.

Belly rubin lights, that's what they call them

Q.

So they would have to go into the hospital for what for hours

A.

No they were in there for five days after birth.

Q.

Oh so this is immediately after they were born

A.

Yes when the pediatrician discovered it he decided to keep them in there for safe-keeping because I guess because they were twins. This is a condition that maybe five out of ten babies have.

Q.

So when they left the hospital after they were five days old, then they never had to go in for any more treatments for the jaundice.

A.

No

Q.

But those were the medical bills that had been so expensive.

A.

They had the two in incubators

Q.

So basically when the kids came home from the hospital they were healthy.

A.

Right

Q.

They didn't have any other medical conditions

A.

No

Q.

Being born twins, they didn't have any

A.

No

Q.

What were the children when they were born, how much did they weigh and everything.

A.

5, 11

Q.

Five pounds, 11 ozs. And how long were they

A.

19 inches long

Q.

So you were babysitting for the children from January 1989 five days a week, not Saturdays or anything

A.

Five days a week, no

Q.

Did you see them on weekends

A.

Oh yes

Q.

Why do you say it like that

A.

Because once you have them, I miss them

Q.

Does your daughter live right around here

A:

Yes, she lives close by

Q.

What's her address

A.

[redacted]e

Q.

And that's in

A.

[redacted]

Q.

What's the zip code there

A.

[redacted]

Q.

Is that like within a couple of blocks from here

A.

No, no that's about 4 miles, it's close to the church I used to go to.

Q.

So she would drop the children off when she went to work in the morning, about what time

A.

Well on Monday, Tuesday and Thursday 8:30. On Wednesday and Friday at 7:30.

Q.

And why would there be a difference in those days

A.

Well on Wednesdays and Fridays the doctor, one of her specialties is diabetes and people would get there early to take their blood test. Diabetics have to eat at regular hours so they have to be there early to get their blood tests.

Q

Q.

What time would she pick the children up

A.

Around 6 o'clock

Q.

On this particular day it was a Tuesday right

A.

Uh huh

Q.

She dropped the children off and what type of things did you do that day and what lead up to everything that happened

A.

Well she dropped them off at 8:30 on Tuesday and I had them in the kitchen and they were beginning to recognize one another and they were playing with their toys.

Q.

Were they in their high-chairs or

A.

No they were on the floor crawling. And the children were not on the same schedule. I fed [redacted] rocked her to sleep and put her to bed around I guess around 9:30.

Q.

About 9:30 in the morning.

A.

Yes. I put her in the crib.

Q.

What type of things would you have fed her

A.

Bottle

Q.

Bottle of milk

A.

Uh huh

Q.

Alright when you say you put her to bed. Where would the bed be

A.

The bed is in my room

Q.

The bed would be in your room

You fed her a bottle, would it be milk, formula

A.

Formula

Q.

Was it a formula she had been on for awhile

A.
Yes. She was both bottle fed and breast fed

Q.

So you put her into what type of

A.

I rocked her and then when she fell asleep I put her in the crib

Q.

The crib was in

A.

My bedroom

Q.

What type of a crib was it, like a bassinet or regular crib

A.

Yes

Q.

Ok so what happened then

A.

Well then I concentrated on [redacted]. She was not sleepy and just about 10:30 she started to get drowsy. So I fed her and put her in the playpen. I had to rock her first.

Q

Q.

So about 10:30 you fed her

A.

Somewhere around there

Q.

Then started to rock her

Q.

Do you wait until they are asleep to put them in their crib

A.

Yes

Q.

Ok so she fell asleep and you put her where

A.

In the playpen

Q.

Where was that

A.

In the Florida Room

Q.

So she would take a nap then

A.

Uh huh

Q.

Was that usually how you would do that, keep them you know whoever fell asleep first got the crib and whoever fell asleep next got the playpen, there weren't two cribs in your bedroom or anything like that.

Q.

So what happened next then

A.

I had an appointment at Inter-Medic and I noticed that [redacted] was sleeping a little bit later than she should have been, than normally.

Q.

How long of a nap would they normally take

A.

An hour, hour and a half

Q.

So about what time was this

A.

Somewhere around 11

Q.

Around 11

A.

I kept walking in and out, in and out of the room hoping that she would wake up. And she was on her side and finally I decided that I would wake her up to get her dressed. I would have to get her dressed first and then I would have to do the same thing to the other one.

Q.

So when you kept walking in and out of the room were you looking at her

A.

Yes, I just felt that she was asleep because she was on her side. And finally somewhere around 11 o'clock I decided to wake her and as I rolled her over to pick her up her little arm dropped and that alerted me that something was wrong. So then I went to pick her up and I noticed that she didn't come freely and as a examined her a little more closely I noticed that there was a cord that kept her.

Q.

What sort of a cord

A.

It's the string to the bumper pad.

I tried to pick her up, rolled her over and noticed that the bumper tie string, she had tied to untie it and didn't get it all the way and she must have, I don't know how she got her neck into it and rolled over and when she did this I don't know but after I noticed that I had to untie it and I was hestarical at that time and I called 911 and they tried to calm me down, they're just around the corner up here and the dispatcher said that the ambulance was on its way. [illegible] she wanted me to do a couple of things.

A. (Cont'd.)

So I picked her up and put her on the couch and I tried to do the best I could from what I had seen. I had never taken a course and the fluid just rushed out of her mouth (inaudible) and by that time the paramedics were here and they took over.

Q.

When you put [redacted] down for her nap was it your habit to go in and check on the children

A.

I didn't do anything else, I did all of my work before they got here, I get up at 6 o'clock, I did all of my vacuuming, dusting and all that because of the two babies I did nothing else.

Q.

They were getting pretty active at 6 months

A.

Yes and they weren't on the same schedule

Q.

So you were constantly busy with something

A.

Yes

Q.

So when you put them down for a nap did you check on them every ten minutes or what do you do

A.

Well I was right here, I would stay in the Florida Room

Q.

OK so one was in your vision and the other right through that door

A.

Yes right there

Q.

So you would know if something was wrong. You don't recall hearing her (inaudible) around

A.

Nothing

A. (Cont'd.)

I was just wondering if I had had the what do they call that thing the communication thing thru the house

Q.

You mean like a little microphone you put in the crib

A.

Yes, I wonder if she would have responded to that or not because she uttered no sound, no sound, and she looked so peaceful that I didn't disturb her.

Q.

When she would go to sleep would she just lay down and go to sleep or would she be bouncing all around

A.

Once I rocked her to sleep, just like I'm doing now, when she goes to sleep that's it.

Q.

When the paramedics came did you call your daughter or anything

A.

No I called the paramedics first, I took care of the emergency part first and then I called her.

Q.

What about this little one her

A.

She was in the playpen and I can't remember too much after that, the cops were here too, the place was packed. I had fire trucks a couple of ambulances about four or five police cars

Q.

So you did get a good response

A.
Immediately

Q.

How long did it take them to get here

A.

I have no idea, but they were here very promptly

Q.

Q.

Did they do anything in here or did they take here

A.

They were in the living room and they worked on her for twenty minutes. Then when I gave the baby resusitation and everything and by that time they were here because they are just a short distance from here. I then called my daughter and I was very hestarical, I don't know how she got here, I don't know how she got here.

Q.

Does she work closeby

A.

She works in town at [redacted] Hospital.

Q.

Is that far from here

A.

It's about four miles

Q.

Did she drive here

A.

She drove here

Q.
And when she got here were the paramedics still here

A.

They were already here and they wouldn't let her near the baby. The police tried to console her, but they wouldn't let anybody else in the house.

Q.

Did they tell you anything though

A.

The paramedics were working on her, but the police kept us from going in to see her because they were working on her and then they decided that they would have to take her to the hospital. [redacted] went in the ambulance to the hospital but I had to stay home because they had to take pictures, they had to get some more information and

Q.

Q.

And you stayed with [redacted]

A.

By that time I don't remember whether [redacted] took the baby to the hospital or not, but after they had taken the pictures and some more interrogation, then the police took me to the hospital and they worked on her for 45 minutes to an hour there and they couldn't revive her.

Q.

And they said that the results were, the death was caused by strangulation or lack of air

A.

Strangulation

Q.

From the cord on the bumper pad

A.

Yes

Q.

Now the crib that you have in there was that something that your daughter purchased or

A.

No I purchased it for my first grand-daughter.

Q.

So how long have you had it

A.

She's five years old

Q.

Six years maybe

A.

Yeah

Q.

She slept in it and everything

A.

I kept her in another room

Q.

What do you mean another room

A.

Well I kept her in the middle bedroom

Q.

Oh when she would stay

A.

Yeah

See with the baby (inaudible) So I just made the Florida Room and my bedroom their bedrooms.

Q.

The glass windows make it pretty open, just a continuous area.

The bumper pad that was in there, who purchased that

A.

I did

Q.

How long ago did you purchase that

Was that for these children or for the first grandchild

A.

For the first grandchild I had one that had a like velco.

Q.

How did the velco work

A.

It just, the ends of the pads just stuck together

Q.

Oh so it was not secured to the crib, it was a straight piece that had folds in the corners and it velco'd together. So when you bought this one did you buy it when they were born or

A.

After they came, after I started to watch them for her, they were small but they were quite active they would move around they were strong so I decided that I would purchase a bumper pad from [redacted]

Q.

Q.

Is there any reason why you purchased that particular one.

A.

No it's just because I didn't have any other one here

Q.

So you didn't buy it and say we'll try the strings that tie in because the velco didn't work for you before. Basically you liked it.

A.

It was close by. [redacted] is just around the corner and it had these [redacted] figures on it and everything.

Q.

So you purchased that maybe in January when the children came. Who put it in the bed.

A.

I did .

Q.

You put it in the bed, and how did that attach to the crib

A.

It tied.

Q.

Where would it be tying. How many locations.

A.

It's one location, one on each end and one in the middle.

Q.

OK so the four corners of the bed, the middle of that long side. And so when you tied it did you tie it in a knot, did you tie it in a bow, how would you have attached it

A.

I tied it in a bow because I thought that they were not old enough to play with them.

Q.

Did you change the sheets in there fairly regularly.

Q.

What did she say to you or how was, I am sure you both felt I know it is hard for you to talk about

A.

I go from day to day and there isn't a time that it isn't on your mind and a lot of people are having twins

Q.

But she doesn't ever say that it was your fault

A.

No, no

Q.

You are obviously still watching her other little girl [redacted]. Do you ever feel that she doesn't trust you or anything.

A.

No, no she told me that and as the time goes on that she trusts me more and more than any other babysitter.

Q.

When did all of this start coming about that she was going to get involved with an attorney and all of that

A.

I don't know.

Q.

You don't know. When was your first knowledge of that through my phone call or did you know about this before

A.

No I knew about it before.

Q.

You did, I'm not the one bringing this news
A.

No

Q.

OK about how long do you think that maybe you knew about that

A.

Just about four months

A.

Yes

Q.

When you change the sheets you have to take the bumper pad off

A.

Yes

Then you would be the one who would put it back again

A.
Yes

Q.

And how recently had you maybe washed the sheets and redone the bumper

A.

I washed the sheets Monday morning.

Q.

You never noticed the children pulling at any other types of strings or anything

A.

No

Q.

You didn't have any other indication that this was

A.

No they were just beginning to crawl

Q.

When all of this happened, you went to the hospital to be with your daughter

A.

Yes after the police were through they took me over

Q.

Does your daughter hold you responsible for this

A.

No she does not.

Q.

About four month. Did your daughter tell you. Is she the one who said that she was going through with this or was it the attorney who contacted you or who do you think is the first person who told you that they were going to pursue as a legal matter.

A.

She did.

Q.

And how did she tell you that

A.

She just said that they went to see a lawyer.

Q.

Did you say the reason why. She trusted you with the children.

A.

I don't know how to answer that. I think that

Q.

Did she say Mom I'm doing this because

A.

Because I think the basic reason was doing it was to try to get them from making long strings on bumper pads.

Q.

But how would bringing a lawsuit against you make any changes in that

A.

I don't know how or what the lawyer has in mind or anything. I don't know who she has

Q.

Did they name the bumper pad company on the suit as well

A.

Yes I think that was her main reason

Q.

But she's also naming you in this suit, right

A.

I supposed so

Q.

But she didn't elaborate on it or anything

A.

No, no

Q.

I know it's hard for you to talk and I'm not trying to make it any harder than it is

Anything else that happened that day that might have you know anything unusual that happened leading up to this

A.

Nothing except that they were I had taken a picture of [redacted] just about two hrs. before, shortly after 8:30. They were playing in the carrier, one was going after the toys, she was like one week ahead of this one. They were still in their night clothes and so I got down on the floor and took a picture of them together. It was of [redacted] being on top of her taking the toys away and [redacted] was crying.

Q.

Did the two of them get along pretty good

A.

Yes, they were just discovering. They were discovering that they had toes, feet, eyes

Q.

Were they talking at all, making any

A.

This one would scream and the other one would like sing

But you know I would sing to them when I rocked them this way

Q.

Right now for the time being I can't think of any other questions I have so I am going to go ahead and wrap up this recorded statement. Let me ask you, have the remarks that you have made in the recording been true to the best of your knowledge

A.

Yes they have

Q.

Once again has this recording been made with your full knowledge and consent.

A.

Yes it has

This will conclude this recorded interview and the time is 10:45 A.M.

[redacted]

89 1212 CBB 1095
12/15/89 SH
EXHIBIT 3

Bumper Pad

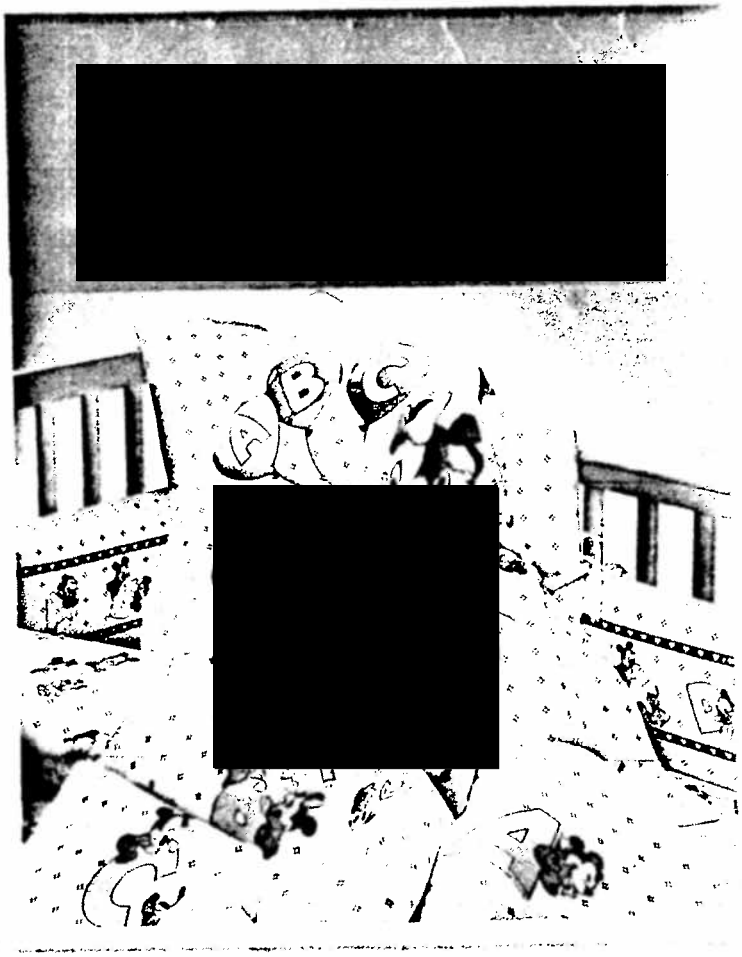
[redacted]

FITS ALL STANDARD FULL SIZE CRIBS

[redacted]

Coordinates Available in:

Crib Sheets
Diaper Stackers
Bumper Pads
Quilted Products
Waterproof Sheets
Dust Ruffles
Receiving Blankets
Crib Blankets
Gift Sets
Layette Items
Terry Bath Products
Nursery Rugs



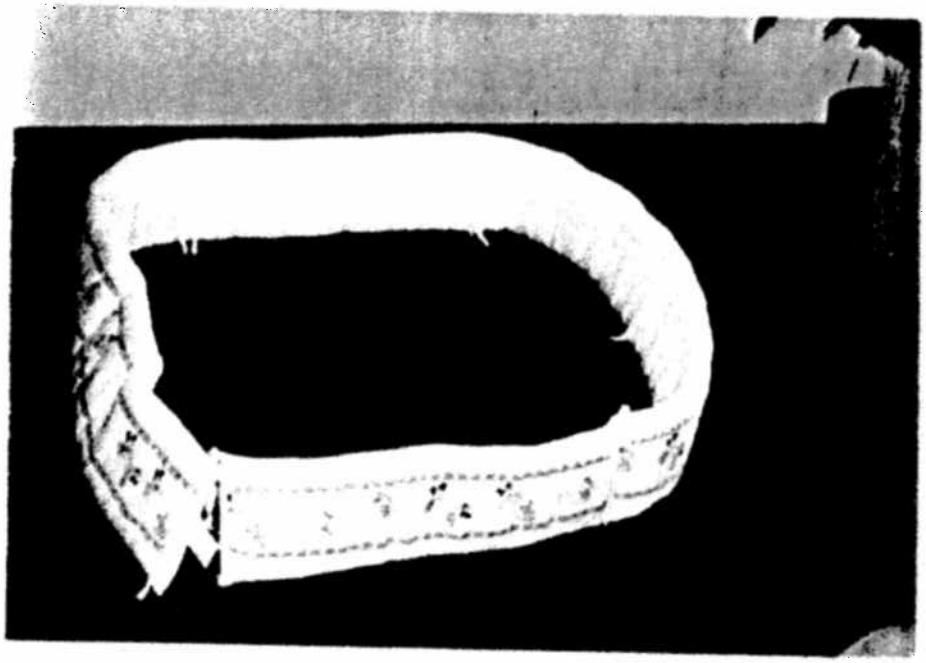
[redacted]

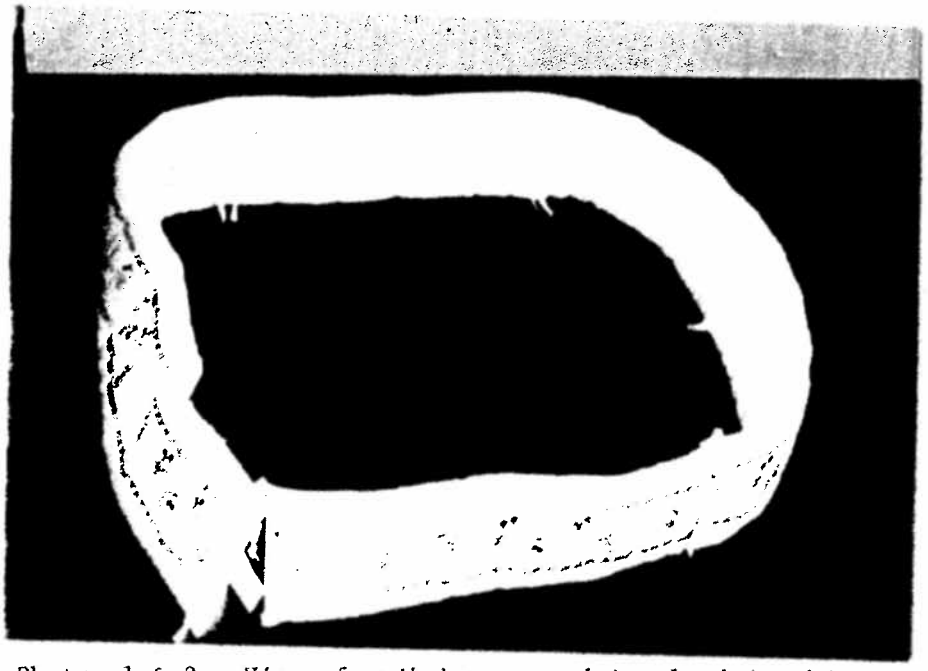
Bumper Pad

- Fits all standard full size cribs
- Four sided
- 50% Cotton, 50% Polyester Front and Back
- 100% Polyester Fill
- Machine wash warm. Only non-chlorine bleach, when needed. Tumble dry, low. Remove promptly. Do not iron.

[redacted]

[redacted]





Photos 1 & 2: View of crib bumper pad involved in this incident. Bumper pad measured approximately 8½"wide X 153½"long X 1"thick. In addition to one crib attachment string at each end of bumper pad, there are five (5) sets of two crib attachment strings along the edge of the bumper pad. Each of the strings measures between 9¼" to 11¼" in length.

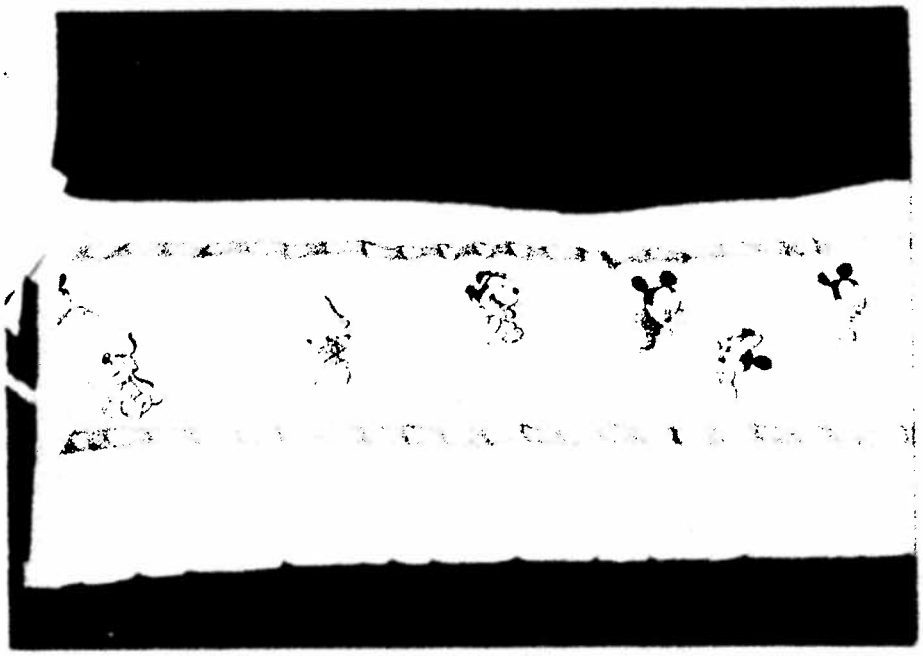


Photo 3: Close-up view of inside fabric desin of bumper pad.

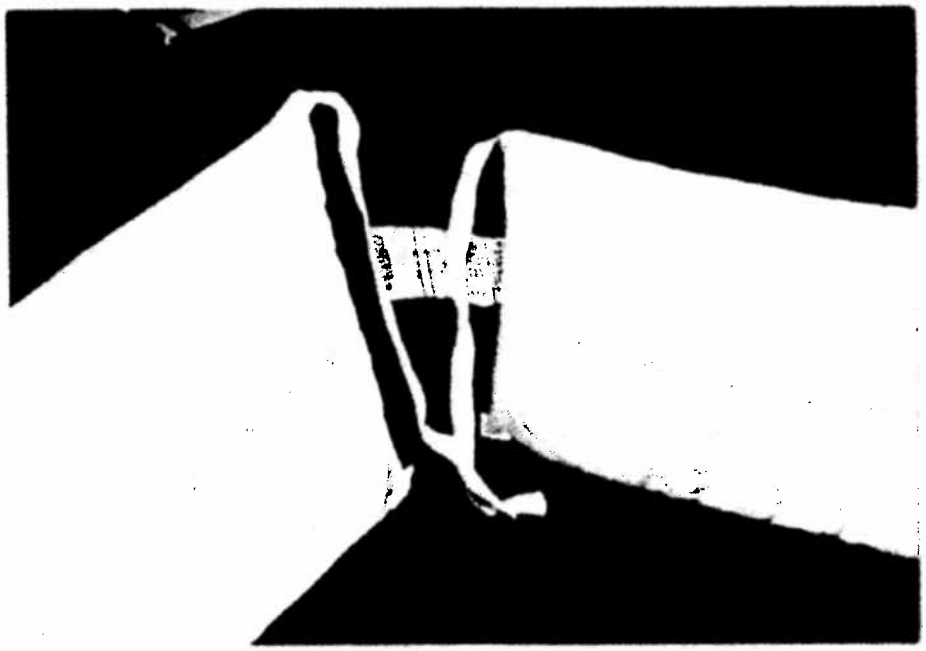


Photo 4: View of end strings of bumper pad. One string measures 10½"long and the other measures 11"long. Information obtained indicated these strings had been tied in a bow-knot in the crib and the victim apparently caught her neck in a loop of the bow and strangled.

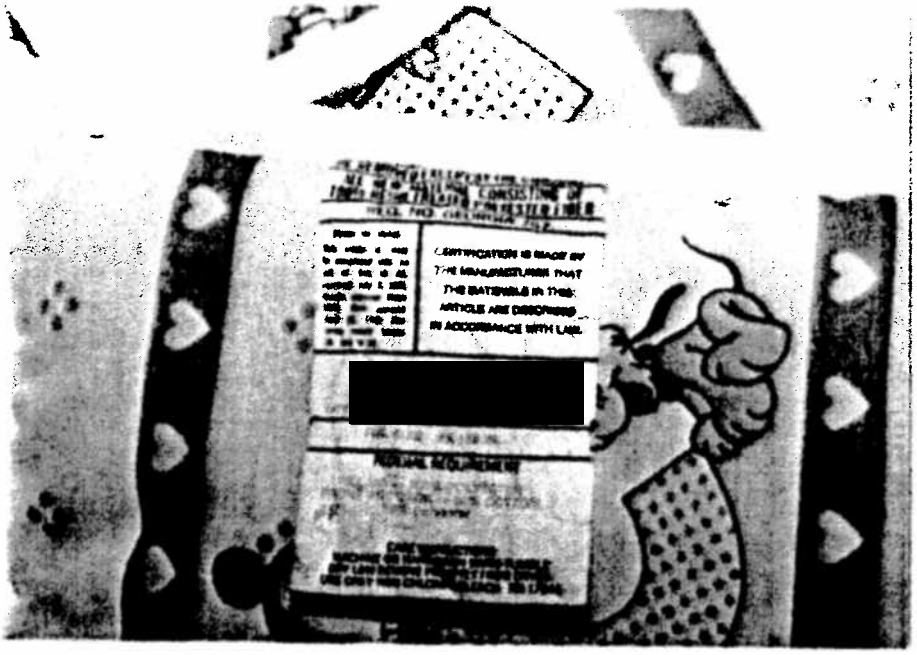


Photo 5: View of fabric tag certificate attached to one end of bumper pad.

Hall FLL AP previously assigned 32626 Rec'd 12/18/89

ACCIDENT INVESTIGATION REQUEST FORM

6 C III
Pm Cm

Document Number X9C0448A1

Date of Incident 5/9/89 Category I.D. Sect 021990

Follow-up Requested Hazard Analysis ☐ Section 15 ☒

Type Follow-up Requested Telephone Call ☐ Other ☒ On-Site ☐

Headquarters Contact Renae Rauchschwalbe 492-6608

Assignment Message Conduct an investigation of the bumper pad related death reported in the attached incident report. Contact the parents attorney: [redacted], Pt. Charlotte, FL. Collect bumper pad as sample if possible. Also, measure length of strings, particularly one that was wrapped around childs neck.

Person(s) to Contact 1/19 1:30P Barbara Kirkland [redacted] Esq. [redacted]

[redacted]

Pott Charlotte, FL

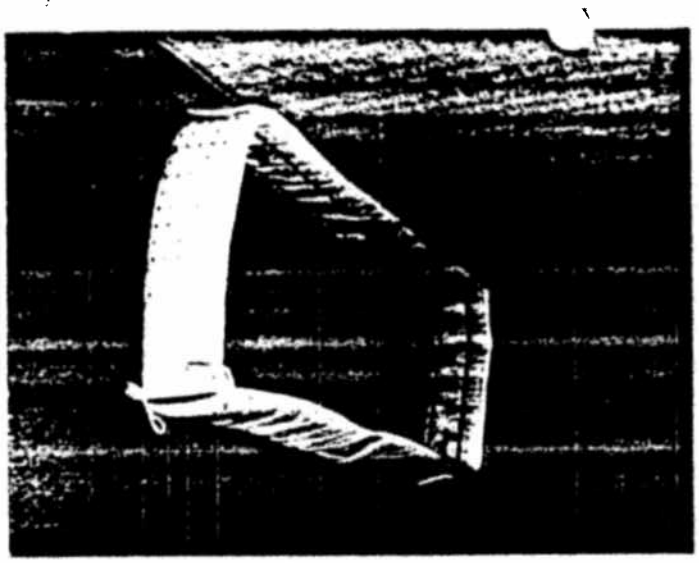
Guideline N.A. [redacted]

Requested By Renae Rauchschwalbe

Task Number 891212CBB1095

Assigned to N.Y. Date

CPSC Form 324 2/87



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